

COMBINED DECLARATION FOR A PATENT APPLICATION AND POWER OF ATTORNEY
(includes Reference to PCT International Applications)ATTORNEY'S DOCKET
NUMBER
PHN 17.662 US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "**Electric lamp**"
the specification of which (check only one item below):

is attached hereto.
 was filed as United States application

Serial No

on

and was amended

on

on

on

on

was filed as PCT international application

Number PCT/EP00/09483

on 26 September 2000

on

on</p

Combined Declaration For Patent Application and Power of Attorney (Continued)
(includes Reference to PCT International Applications)

Attorneys Docket Number
PHN 17.662 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) abnd/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902
Michael E. Marion, Reg. No. 32, 66
Edward M. Blocker, Reg. No. 30,245

Direct Telephone Calls to:
(name and telephone number)
(914)332-0222

201	FULL NAME OF INVENTOR	FAMILY NAME STEINMAN	FIRST GIVEN NAME Maarten	SECOND GIVEN NAME Walter
	RESIDENCE & CITIZENSHIP	CITY Eindhoven NLX	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
202	FULL NAME OF INVENTOR	FAMILY NAME TUNISSEN	FIRST GIVEN NAME Mathias	SECOND GIVEN NAME Leonardus Maria
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203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 CITY 	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE 26 April 2001	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	
DATE	DATE	

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

Combined Declaration For Patent Application and Power of Attorney (Continued)
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